

OFFICIAL

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ATTACHMENT 3.1-A
Page 9
OMB No.: 0938-

State/Territory: ILLINOIS

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized
under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance
with a plan of treatment and provided by a qualified person under
supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 91-25

Supersedes

TN No. 90-4

Approval Date 9-25-92

Effective Date 10-1-91

HCFA ID: 7986E

State: ILLINOIS

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 Provided: State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed
 Limitations Described on Attachment

 X Not Provided.

TN No. 96-1
Supersedes 93-2 Approval Date 4-5-96 Effective Date 01-01-96
TN No. 93-2

ST. Illinois

12-31-81

8/-20

State IllinoisPA Approved 3-19-82

10-1-81

Attachment 3.1-A

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SERVICE	CATEGORICALLY NEEDY	MEDICALLY NEEDY
18. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary		
a. Transportation	<input checked="" type="checkbox"/> Provided PA* <input type="checkbox"/> No limitations <input checked="" type="checkbox"/> With limitations* <input type="checkbox"/> Not provided	<input checked="" type="checkbox"/> Provided PA* <input type="checkbox"/> No limitations <input checked="" type="checkbox"/> With limitations* <input type="checkbox"/> Not provided
b. Services of Christian Science nurses	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided
c. Care and services provided in Christian Science sanatoria	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided
d. Skilled nursing facility services for patients under 21 years of age	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided
e. Emergency hospital services	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided	<input checked="" type="checkbox"/> Provided <input checked="" type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input type="checkbox"/> Not provided
f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and rendered by a qualified person under supervision of a R.N.	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided

*See Attachment
3.1-B*

ST. IllSA Approved 12/31/81PC Approved 3/19/82 Effective 10/1/81

Description provided on attached sheet

State Illinois

18.a. TRANSPORTATION

- (1) Ambulance Service: Requires prior approval except in case of emergency.
- (2) Taxicab Service: Requires prior approval except in case of emergency.

METHODS OF PROVIDING TRANSPORTATION

The cost of medical transportation is met by direct vendor payment when recommended by a physician or medical agency and requires prior approval except in the case of emergency.

- (3) Medicar/service car: Requires prior approval except in case of emergency.

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APPROVAL DATE 3-19-82

EFFECTIVE DATE 10-1-81

OFFICIAL

State ILLINOIS

1. INPATIENT HOSPITAL SERVICES (other than those provided in an institution for mental diseases or tuberculosis)

- ° Certain inpatient hospital services are subject to review by the Department's Peer Review Organization and will not be covered unless medical necessity is shown and documented. At least thirty days prior to the effective date, each hospital is notified of review requirements applicable to the individual hospital through official Departmental letters via certified mail, return receipt requested. Statewide hospital review requirements are specified in the Department's provider manuals and/or notices.
- ° Preoperative days will be limited to only the day immediately preceding surgery unless the attending physician provides documentation demonstrating the medical necessity of an additional day or days.
- ° All inpatient psychiatric services are subject to a review by the Department's Peer Review Organization. Only medically necessary inpatient psychiatric care will be approved.
- ° Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

2a. OUTPATIENT HOSPITAL SERVICES

Most outpatient hospital services provided are covered utilizing specific fee-for-service codes. Utilization control, e.g. prior approval policies which may apply to the service in question and which would be required of nonhospital providers rendering services on a fee-for-service basis, is in effect.

A Hospital Ambulatory Care list defines those technical procedures that routinely require the use of the hospital outpatient setting, its technical staff and/or equipment. This list is updated annually.

Client coverage policies applicable to those services provided under the policy used by nonhospital providers include any requirements for utilization control or prior approval as specified in Illinois Administrative Rule and Provider Handbooks.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 91-12 APPROVAL DATE 1-1-11 EFFECTIVE DATE 7-1-91

SUPERSEDES

TN # 90-4

The following definitions apply to the provision of hospital outpatient and clinic services in Section 4.19-B of this State plan::

- =7/95 1. "Certified Hospital Ambulatory Primary Care Center (CHAPCC)" means a Maternal and Child Health (MCH) clinic which meets the participation, data and certification requirements described in this Section, that is hospital-based and which, through staff and supporting resources, provides ambulatory primary care to Medicaid children from birth through 20 years of age and pregnant women in a non-emergency room setting. At least 50% of all staff physicians providing care in a CHAPCC must routinely provide obstetric, pediatric, internal medicine, or family practice care in the clinic setting, and at least 50% of patient visits to the CHAPCC must be for primary care.
- =7/95 2. "Certified Hospital Organized Satellite Clinic (CHOSC)" means a Maternal and Child Health clinic that meets the participation, data and certification requirements described in this Section that is owned, operated, and/or managed by a hospital but does not qualify as a hospital-based clinic because it is not located adjacent to or on the premises of the hospital or is not licensed under the Hospital Licensing Act or the University of Illinois Hospital Act. Through staff and supporting resources, these clinics provide ambulatory primary care in a non-emergency room setting to Medicaid children from birth through 20 years of age and to pregnant women. At least 50% of all staff physicians providing care in a CHOSC must routinely provide obstetric, pediatric, internal medicine, or family practice care in the clinic setting, and at least 50% of patient visits to the CHOSC must be for primary care. Primary care consists of basic health services provided by a physician or other qualified medical professional to maintain the day-to-day health status of a patient, without requiring the level of medical technology and specialized expertise necessary for the provision of secondary and tertiary care.
- =7/95 3. "Certified Obstetrical Ambulatory Care Center (COBACC)" means a Maternal and Child Health clinic that meets the participation, data and certification requirements described in this Section and which, through staff and supporting resources, provides primary care and specialty services to Medicaid-eligible pregnant women especially those determined to be non-compliant or at high risk, in an outpatient setting.

TN # 95-07 APPROVAL DATE OCT 25 1995 EFFECTIVE DATE 7-1-95

SUPERCEDES

TN # 93-12

- =7/95 4. "Certified Pediatric Ambulatory Care Center (CPACC)" means a Maternal and Child Health clinic that meets the participation, data and certification requirements described in this Section that qualifies as a hospital-based clinic and that, through staff and supporting resources, provides pediatric primary care and specialty services to Medicaid children with specialty needs from birth through 20 years of age in an outpatient setting. Hospitals with CPACC's must also provide primary care for at least 1,500 children not eligible for enrollment in the CPACC, as part of a CHAPCC, a CHOSC or an encounter rate clinic. Hospitals unable to meet this volume requirement must agree to serve as a specialty referral site for another hospital operating a CPACC through a written agreement submitted to the Department.
- 04/93 5. "Children's hospital" means a hospital that is engaged in furnishing services to outpatients who are predominately individuals under 18 years of age.
- 04/93 6. "Encounter rate hospital" means:
- a. Illinois county-owned hospitals located in a county with a population exceeding 3 million that has provided and that has been paid for less than 85,000 days of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989; or
 - b. Illinois county-owned hospitals located in a county with a population exceeding 3 million that has provided and that has been paid for 85,000 days or more of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989; or
 - c. Illinois state-owned hospitals located in a county with a population exceeding 3 million; or
 - d. Illinois county-operated outpatient facilities in a county with a population exceeding 3 million.
- 04/93 7. "General clinic" means a hospital-based clinic that provides diagnostic, therapeutic and palliative services provided under the direction of a physician who provides for the health care needs of persons who elect to use this type of service rather than another source of primary care, and is enrolled with the Department for the provision of general clinic services (category of service 26).

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SUPERCEDES

TN # 93-12

- =7/95 8. "Maternal and Child Health Clinics" means a clinic providing medical care to pregnant women and/or children from birth through 20 years of age.
- a. The following outpatient clinics are recognized as a primary care provider to MCH clients:
- i. Certified Hospital Ambulatory Primary Care Center (CHAPCCs);
 - ii. Certified Hospital Organized Satellite Clinics (CHOSCs);
 - iii. Certified Obstetrical Ambulatory Care Centers (COBACCs); and
 - iv. Certified Pediatric Ambulatory Care Centers (CPACCs).
- =7/95 b. General Participation Requirements. In addition to the Maternal and Child Health provider participation requirements described in this Section of the plan, the Maternal and Child Health clinics identified above must:
- i. Be operated by a disproportionate share hospital, as described in Attachment 4.19-A, be staffed by board certified/eligible physicians who have hospital admitting and/or delivery privileges, be operated by a hospital in an organized corporate network of hospitals having a total of more than 1,000 staffed beds, and agree to provide care for a minimum of 100 pregnant women and children; or be a primary care teaching site of an organized academic department of:
 - A. In the case of CHAPCC and a CHOSC, a pediatric or family practice residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accreditation;
 - B. In the case of a COBACC, an obstetrical residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accreditation, with at least 130 full-time equivalent residents;
 - C. In the case of a CPACC, a pediatric or family practice residency program accredited by the American Accreditation Council for Graduate Medical Education or other published source of accreditation, with at least 130 full-time equivalent residents.

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SUPERCEDES

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- iii. Under the direction of a board certified/eligible physician who has hospital admitting and/or delivery privileges and provides direct supervision to residents practicing in the Certified ambulatory site, provide:
 - A. In the case of a Certified Hospital Ambulatory Primary Care Center and a Certified Hospital Organized Satellite Clinic, primary care.
 - B. In the case of a Certified Obstetrical Ambulatory Care Center, obstetric and specialty services.
 - C. In the case of a Certified Pediatric Ambulatory Care Center, primary care and specialty services.
- iv. Maintain a formal, ongoing quality assurance program that meets the minimum standards of the Joint Commission on Accreditation of Health Care Organizations;
- v. Provide historical evidence of fiscal solvency and financial projections for the future, in a manner specified by the Department;
- vi. Utilize a formal client tracking and care management system that affords timely maintenance of, access to, and continuity of medical records without compromising client confidentiality;
- vii. Submit patient level historical data to the Department, in a manner and format specified by the Department which may include, but shall not be limited to, historical data on the use of the hospital emergency room department; and
- viii. Be certified annually during the first two years of participation and every other year thereafter. In addition:
 - A) the certification process shall consist of a review of the completed application and related materials to determine provisional certification status. Those centers submitting approved applications shall then be reviewed on-site by Department staff within 60 days of application approval. Final notification of certification status shall be rendered within 30 days of the site review, pending provider submittal of a written plan of correction for any deficiencies discovered during the entire application process; and
 - B) certification status shall be suspended for Maternal and Child Health clinics that do not submit data to the Department within 180 days of the Department's request for the submittal of such data.

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=7/95

c. Special Participation Requirements. In addition to the Maternal and Child Health provider participation requirements described in this section of the plan and the general participation requirements described above, special participation requirements shall apply as follows:

i. Certified Hospital Ambulatory Primary Care Centers (CHAPCCs) and Certified Hospital Organized Satellite Clinics (CHOSCs) must:

- A. Serve a total population that includes at least 20% Medicaid and medically indigent clients;
- B. Perform a risk assessment on pregnant women in order to determine if the woman is at high risk; and
- C. Provide or arrange for specialty services when needed by pregnant women or children.

ii. Certified Obstetrical Ambulatory Care Centers (COBACC's) must:

- A. Be a distinct department of a hospital that also operates as a Level II or Level III perinatal center;
- B. Provide services to pregnant women demonstrating the need for extensive health care services due to complicated medical conditions placing them potentially at high risk of abnormal delivery, including substance abuse or addiction problems. Hospital clinics will not qualify to participate unless they provide both primary and specialty services to each Medicaid and Medicaid-eligible woman who receives services at the COBACC;
- C. Operate a designated 24-hour per day emergency referral site with a defined practice for the care of obstetric emergencies;
- D. Have an established program of services for the treatment of substance-abusing pregnant women;

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SUPERCEDES

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